

PSYCHOSOCIAL INTERVENTIONS FOR ADOLESCENTS AND YOUNG ADULTS WITH CANCER

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OBJECTIVES: *To summarize and evaluate the studies published since 2007 on psychosocial interventions designed for adolescents and young adults (AYA) with cancer.*

DATA SOURCES: *PubMed, Ovid, and PsycINFO.*

CONCLUSION: *Our review confirms that the development and evaluation of psychosocial interventions for AYA is still in its infancy. Only five studies were identified and these generally had small samples and limited results.*

IMPLICATIONS FOR NURSING PRACTICE: *It is important for nurses to assess the needs of AYA. Incorporating creative ways for AYA to express their needs and self-reflect seems to be critically important and may help AYA cope positively with the cancer experience.*

KEY WORDS: *Adolescents, young adults, cancer, psychosocial interventions, review*

Cancer is 2.9 times more likely to occur in adolescents and young adults (AYA) ages 15 to 29 than in younger children.¹ Although medical advancements in pediatric oncology have improved the

survival rates of young children, AYA with cancer have not seen the same improvement.² Over the past decade, there has been growing international attention on addressing the specific needs of AYA with cancer.³⁻⁶ AYA not only have unique medical needs, but they also have many unique emotional, social, spiritual, and physical needs. Recent research suggests that AYA are inadequately served by current support services.⁷⁻⁹

Despite the growing international attention, there are few psychosocial interventions designed specifically for AYA with cancer. In 2009, Seitz and colleagues,¹⁰ in a systematic review of peer-reviewed articles reporting on psychological or psychosocial interventions for adolescents with cancer between 1988 and 2007, found only four such studies. These studies had small sample sizes ($n = 14$ to 78), and only one, a small pilot study ($n = 21$), reported

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significant improvement compared with a waitlist control group. We sought to update findings from the previously published review by conducting a systematic review of psychosocial interventions designed for AYA with cancer published since 2007 and by summarizing and evaluating these studies.

METHODS

Search Strategy

To identify relevant studies addressing interventions for AYA with cancer, the following databases were searched: PubMed, Ovid, and PsycINFO. In addition to the database search, reference lists of all relevant studies and review articles were scanned for further references that met the inclusion criteria.

The inclusion criteria were: (1) full-length, peer-reviewed articles published between January 2008 and December 2014; (2) a study sample of AYA cancer patients between the ages of 10 and 29; (3) English language; (4) uncontrolled or controlled trials; and (5) measurement of psychosocial outcome variables. Exclusion criteria were: case studies, editorials, abstracts, dissertations, and studies focused on adolescent survivors of childhood cancers. Although the National Cancer Institute defines AYA as being between 15 and 39, for this review we narrowed the age range to 15 to 29 years. This reflects the age range most commonly considered the AYA cancer population by the oncology community and also narrows the developmental span for psychosocial interventions.¹¹

Reference lists and abstracts for identified articles were scanned for their relevance. Using the key words: *adolescents*, *young adults*, *cancer*, and *interventions*, a total of 242 articles were identified; however, 233 were eliminated because they did not meet the inclusion criteria. Full copies of the nine articles that seemed to meet the inclusion criteria were obtained. After reading these nine, four were excluded because, for example, they used study samples of adolescent survivors of childhood cancer or gave descriptions of the intervention protocol but did not describe results.

Data Organization

Data from the remaining five eligible articles were abstracted and organized into four separate tables by one person and verified by a second person. Table 1 focuses on: year published; country of origin; population; sample size; sample

characteristics including age, gender, and ethnicity; type of study design; and theoretical framework. Table 2 includes an overview of the interventions with abstracted data addressing: behavior(s) encouraged; mode of delivery (ie, route and intervenor, if applicable); timing of delivery; duration; a description of the intervention; and a description of the control group. Table 3 describes the methodological quality of the studies. Articles were critiqued according to the following salient features: randomization and processes described (*yes/no* or *not applicable* for randomized, randomization processes described, and blinding), power analysis (*yes/no* reported), length of follow-up, attrition, and the number of participants in each arm that completed all measures. Table 4 displays the outcome variables of interest, measures used, and significant findings.

RESULTS

The search produced only five studies that met our inclusion criteria.¹²⁻¹⁶ One study included a sample of AYA who ranged from 9 to 20 years of age,¹⁶ which was slightly outside our pre-specified age range of 10 to 29. We decided to include this article because the majority of the sample (78%) met this criterion (L. Wu, personal communication, March 2015).

As shown in Table 1, three of the studies were conducted in the United States^{12,14,15} and one in Taiwan.¹⁶ One international study was conducted in the United States, Canada, and Australia.¹³ Four studies were conducted with AYA,^{12,13,15,16} and one study focused on the adolescent/family dyad.¹⁴ Ages of AYA ranged from 9 to 29. Three studies included fewer than 100 participants.^{12,14,16} The average age of research participants was not explicitly reported in one study¹³; instead, the percentage of participants in stratified age groups was reported. In the four other studies, mean age ranged from 13.2 to 17.3 years.^{12,14-16} Gender was reported in all studies and females comprised from 31% to 45% of the samples. Ethnicity was reported in four studies, and in those studies from 50% to 75% of the samples were White.¹²⁻¹⁵ All studies were randomized controlled trials; however, three were pilot studies.^{12,14,16} Theoretical frameworks were reported in only three of the reviewed studies.^{13,15,16}

As shown in Table 2, behavioral modification for active/effective coping, self-efficacy, and control

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